

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38335

Entity Name: FLORIDA AFTER SCHOOL ALLIANCE, INC.**Current Principal Place of Business:**4308 REYNOLDS OAKS PLACE
PLANT CITY, FL 33563**Current Mailing Address:**P.O. BOX 5614
PLANT CITY, FL 33563 US**FEI Number:** 59-3062864**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARIE, SHARON
4308 REYNOLDS OAKS PLACE
PLANT CITY, FL 33563 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SHARON CARIE

01/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LIEBMAN, ROBERT
Address	P.O. BOX 5614
City-State-Zip:	PLANT CITY FL 33563

Title	TREASURER
Name	DIPOLITO, KATHIE
Address	P.O. BOX 5614
City-State-Zip:	PLANT CITY FL 33563

Title	VP
Name	BALLINGER, DEBRA
Address	P.O. BOX 5614
City-State-Zip:	PLANT CITY FL 33563

Title	EXECUTIVE DIRECTOR
Name	CARIE, SHARON
Address	4308 REYNOLDS OAKS PLACE
City-State-Zip:	PLANT CITY FL 33563

Title	SECRETARY
Name	SNOW, GREG
Address	P.O. BOX 5614
City-State-Zip:	PLANT CITY FL 33563

Title	VP
Name	BYRD, CHARLES E
Address	P.O. BOX 5614
City-State-Zip:	PLANT CITY FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON CARIE**EXECUTIVE DIRECTOR**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date